

Taking Care of You & Your Health Information

We are committed to protecting the privacy of our patients’ personal information and to utilizing all personal information in a responsible and professional manner. This document summarizes some of the personal information that we collect, use, and disclose.

In addition to the circumstance described in this form we also collect, use and disclose personal information when permitted or required by law. Our clinic will only collect, use, and disclose your health information in accordance with the provisions of the Health Information Act (HIA).

We collect information from our patients such as names, home address, telephone numbers, and email addresses (collectively referred to as “Contact Information”). Contact information is collected and used for the following purposes:

- To open and update patient files.
- To invoice patients for medical services, process credit card payments, collect unpaid accounts.
- To send reminders to patients concerning the need for further medical examinations or treatment.
- To send patients informational material about our medical practice.

Our Primary purpose in collecting your health information is to:

- Provide diagnostic, treatment, and care services to you.
- Determine or verify your eligibility for health services.
- Bill the Alberta Health Care Insurance Plan for our services.
- Internal management purposes.

Financial information may also be collected in order to make arrangements for the payment of our services.

We collect information from our patients about their health history, family health history, physical condition, and medical treatments (collectively referred to as “Medical Information”).

Medical Doctors are regulated by the College of Physicians and Surgeons, which may inspect our records and interview our staff as part of its regulatory guidelines.

I acknowledge that I have read and understand the above information.

All patients, please sign below:

(If patient is under the age of 18 years old, have your Parent/Guardian read the above and sign below).

Date

Print Name

Signature

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